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May 1, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.  
Director and Chief Medical Officer

SUBJECT: DEPARTMENT OF HEALTH SERVICES (DHS)  
HOMELESS PATIENT DISCHARGES

This is to provide you with the fifth quarterly update on activities related to the discharge of homeless patients from DHS hospitals.

In the correspondence dated February 28, 2006, the Department committed to the following:

1. Work with the Department of Public Social Services (DPSS) to implement a pilot project out-stationing eligibility workers at DHS Hospitals if the Board approved this recommendation in the Homeless Prevention Initiative, and
2. Develop and implement a standardized policy within all of DHS inpatient facilities by July 1, 2006, that will outline the expected discharge planning activities to be conducted on behalf of homeless or unstably housed patients.

**DPSS Eligibility Workers at DHS Medical Centers**

As previously reported, the out-stationing of DPSS eligibility workers at DHS Hospitals to take General Relief, CalWORKS, and Food Stamp applications was implemented on July 25, 2006. As of April 6, 2007, 365 patients were referred to the on-site DPSS eligibility workers, 128 awards were granted.

**Policies for Patient Discharges**

As stated in previous updates to your Board, DHS has finalized the Discharge Planning Protocols and Procedures for Department of Health Services' Homeless or Unstably Housed Patients, which was implemented on July 1, 2006. In a subsequent correspondence to your Board dated December 29, 2006, I reported that this protocol was fully implemented and that the department was exploring other possible transportation options that offer a "warm hand-off," in which the transportation includes an escort into service provider agencies to ensure that patients connect with staff of those agencies. We have still not

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made a final decision on whether to utilize the “warm hand-off” transportation option. There are currently no emergency shelters that offer reservations for homeless patients being discharged from one of our facilities. Consequently, these patients must line-up daily with other individuals seeking emergency shelter services.

Based on this reality, a “warm hand-off” would not ensure that DHS patients get into the care of a homeless service provider. Kaiser Permanente, the only hospital that has utilized the “warm hand-off” transportation option, has reported that the transportation drivers have waited in line for emergency shelter with patients for up to 90 minutes to ensure that the “warm hand-off” is completed.

The Department continues to explore this option and other possible alternatives, together with the Hospital Association of Southern California (HASC) and other private hospitals.

This also serves to update your Board on three other DHS projects focused on improving access to resources and appropriate housing opportunities for our homeless or unstably housed patients.

#### Access to Housing for Health (AHH)

On June 26, 2006, your Board approved the Access to Housing for Health (AHH) Pilot Project, which is a partnership between DHS and the Community Development Commission (CDC), to provide DHS with a total of one hundred Section 8 housing vouchers and fifteen public housing units. The funding of the AHH project will provide the supportive services component, which includes temporary motel vouchers, first and last months rent, housing location services, case management and administrative costs.

On December 5, 2006, your Board approved the two AHH contracts with Del Richardson for the housing locator services and with Homeless Healthcare Los Angeles for case management, temporary housing, and management of first and last months rent.

DHS began enrolling patients in March 2007. As of today, thirty-four patients have been referred, six AHH participants enrolled, and one is pending. We anticipate that within the month, the first AHH participant will be placed into permanent housing.

The patients who were referred but could not be enrolled into AHH fell into one of the following categories: they did not meet eligibility criteria; they were too sick to be housed independently; or they did not pass the criminal background check. AHH staff have increased outreach efforts to DHS hospital social workers and have also begun to take referrals from the DHS emergency rooms. These activities should increase the AHH enrollment rate.

#### Expansion of Recuperative Care for Homeless Patients

On September 26, 2006, under the Homeless and Housing Program Fund (HHPF), your Board approved DHS to develop and implement 15 new recuperative care beds for homeless patients discharged from DHS facilities. The Department is finalizing the contract for implementing these services and anticipates having this to your Board for approval within the next few weeks.



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In addition, DHS and the Hospital Association of Southern California initiated a Recuperative Care Coalition, which includes Kaiser Permanente, the National Health Foundation (NHF) and a number of other public and private entities in an effort to increase the number of recuperative care beds that currently exist in Los Angeles County.

In partnering with the above referenced agencies, the Recuperative Care Coalition, under the auspices of NHF, has secured financial commitments from several private hospitals and foundations to implement an additional 30 recuperative care beds.

**SSI Outreach Project**

On March 5, 2007, the Department initiated an SSI Outreach Project to increase access to SSI benefits for homeless individuals with a history of DHS service utilization. This project provides two nursing positions to facilitate and enhance physical healthcare documentation to better qualify eligible homeless individuals for SSI benefits. The DHS SSI Outreach staff will work with the CAO's SSI advocacy effort outlined in the HHPF.

If you have any questions or need further information, please let me know.

BAC:lb  
511:020

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors